

Entered -06-11-01 - sb
CL 01L0469 - GWENDOLYN BURNS


01-R-1851

CLAIM OF:

MELROY J. DELATTE
4580 Club Terrace Drive
Atlanta, Georgia 30319

For damages alleged to have been sustained when a vehicle was driven over a sewer construction site that was not properly covered in the roadway on June 3, 2001 at Peachtree Dunwoody Road, NE & Haven Oaks Court, NE (3740 Peachtree Dunwoody Road, NE).

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0469

Date: October 30, 2001

Claimant /Victim MELROY J. DELATTE

BY: (Atty) (Ins. Co.) _____

Address: 4580 Club Terrace Drive, Atlanta, Georgia 30319

Subrogation: _____ Claim for Property damage \$ 497.50 Bodily Injury \$ _____

Date of Notice: 7/11/01 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/3/01 Place: Peachtree Dunwoody Rd. & Haven Oaks Ct. (3740 Peachtree Dunwoody Rd.)

Department _____ Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a sewer construction site in the roadway that was left open and in an unsafe manner. However, an investigation determined that an outside contractor performed work at the incident location. The claimant has been notified and his claim has been forwarded to the contractor for immediate resolution.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

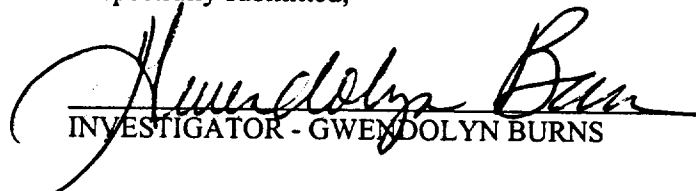
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-31-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 11 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: July 3 2001

ENTERED - 7-23-01 - SB
01L0469 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 497.50 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 6/3/2001 (month/day/year) 2. Time of Incident: 8 PM 3. Police called: ✓ Yes No #011551405

4. Location of incident (including street address): 3700 Block of Peachtree Dunwoody

5. Name of your insurance company: State Farm Policy No. L006264A18-1

6. State what and how incident occurred: Driving down Peachtree Dunwoody and ran over a pothole
Damaged front & back rim.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 1999 Toyota (Make) 1999 (Year) 1WU418 (Tag Number) Melroy J DeLatta (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

MEL ROY J DELATTE
(Print Claimant's Name)

4580 CLUB Terrace
(Address)

ATL GA 30319 NE
(City, State and Zip Code)

770 417 3165 404-869 9400
(Work Number) (Home Number)